AMENDMENT TRANSMITTAL LETTER

Docket No. 2091-0232P

Application No. 09/773,619-Conf. #006945

Filing Date February 2, 2001

Examiner S. K. Singh Art Unit 2626

Applicant(s): Makoto HARA

Invention: SYSTEM, METHOD, AND APPARATUS FOR PRINTING, AND METHOD AND APPARATUS FOR ASSIGNING ORDERS

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

		CLAIM	S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	,
Total Claims	31	- 31 =	0	х	
ndependent Claims	9	- 9 =	0	х	
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Other fee (pleas	se specify): E	Extension for res	ponse within fi	st month	120.00
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No addition	al fee is require	d for this amer	ndment		
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∐A check in t	the amount of \$	120.00	to cover	the filing fee is e	nclosed.
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PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/773,619-Conf. #006945 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number FEE TRANSMITTAL** February 2, 2001 Filing Date

-	Ear EV 20	First Named Inventor		Makoto HARA				
	For FY 20	Examiner Name		S. K. Singh				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2626		
TOTAL AMOU	NT OF PAYMENT	(\$) 120.00		Attorney Do	cket No.	2091-0232P		
METHOD OF	PAYMENT (check	all that apply)						
X Check	Credit Card	Money Order	Nor	ne Ot	her (please ide	ntify):		
Deposit Ac	count Deposit Account	Number: 02-2448	Deposit Acc	ount Name:	Birch, S	tewart, Kolasch	& Birch,	LLP
For the	above-identified depo	osit account, the D	Director is	hereby author	orized to: (che	eck all that apply)		
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Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLA			Ŭ	· ·	· ·			Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over	r 20 (including Reiss	ues)					50	25
Each independe	nt claim over 3 (incl	uding Reissues)					200	100
Multiple depend	dent claims						360	180
Total Claims				Paid (\$)	1	Multiple Dependent Claims		
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3. APPLICATIO								
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4. OTHER FEE(····	(round up to a	whole hamber	/ ^	Fees	s Paid (\$)
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Other (e.g., l	ate filing surcharge)	: 1251 Extension	n for res	sponse with	in first montl	h	1	20.00
SUBMITTED BY		21	•					
Signature	mm			Registration No (Attorney/Agent)	39,491	Telephone	(703) 20	05-8000
Name (Print/Type)	Michael R. Camn	narata		,		Date	October	3, 2005

